

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

State Director John H. Magill

WACCAMAW CENTER FOR MENTAL HEALTH

Executive Director Murry Chesson

Fall 2011

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric
Hospital

William S. Hall Psychiatric
Institute (Child & Adolescents)

Morris Village Alcohol & Drug
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care
Center - Stone Pavilion
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care
Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric
Hospital

Richard M. Campbell
Veterans Nursing Home

Walterboro, SC

Veterans Victory House
(Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

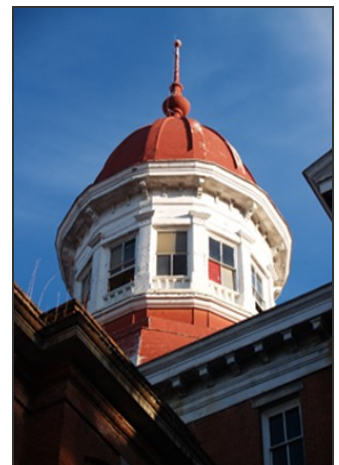
The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built.

Today, DMH operates a network of 17 community men-

tal health centers and 42 clinics to serve every county in the state. The centers and clinics have served over 2,800,000 patients, providing over 38,000,000 clinical contacts.

DMH is one of the largest hospital and community-based systems of care in South Carolina. In 2011, DMH outpatient clinics treated about 100,000 citizens, including approximately 30,000 children and adolescents, and provided nearly 530,000 bed days at DMH hospitals and nursing homes.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



Georgetown County Clinic
525 Lafayette Circle - Georgetown, SC 29440



Waccamaw Center for Mental Health
164 Waccamaw Medical Park Drive - Conway, SC 29526



Williamsburg County Clinic
501 Nelson Boulevard - Kingstree, SC 29556

WACCAMAW CENTER FOR MENTAL HEALTH

The Waccamaw Center for Mental Health (WCMH) is a comprehensive outpatient facility of the South Carolina Department of Mental Health (DMH), with clinics in Horry, Georgetown, and Williamsburg counties. WCMH is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Since 1967, WCMH has provided over 2,550,000 services/outpatient contacts to adults, children, and families who are impacted by mental illness. Each satellite clinic provides similar "core" services of individual, family, and outpatient therapy, while

providing additional programs tailored to meet the specific needs of its client population.

The first clinician and Center Director James Pearson led the Center through two and a half decades of growth until his retirement in 1993. Willie Bethune accepted the position of executive director, inheriting a staff of "100 and growing." The vision of the Center was to become a "mental health center without walls."

Current WCMH Executive Director Murry Chesson accepted the position in 2003, after serving as assistant executive director under both Pearson and Bethune.

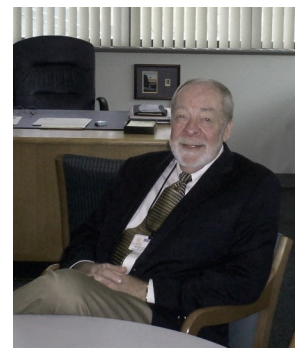
Chesson has 32 years of counseling and management experience. Since 2008, Chesson has also served double duty as interim director of Tri-County Mental Health Center.

Waccamaw has made great strides in increasing clinical skill levels of the staff. Chesson is proud to currently have 43 licensed clinicians at WCMH.

Chesson's goals for WCMH include staying current in medical technology and promoting housing programs.

Under his direction, the

(continued on page 7)



Executive Director
Murry Chesson

<i>Numbers at a Glance for Fiscal Year 2011</i>		
	<i>Waccamaw Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	4,005	59,427
<i>Child Outpatients Served</i>	3,058	30,058
<i>Total Outpatients Served</i>	7,063	89,485
<i>Population</i>	363,872	4,625,364
<i>Clinical Contacts Provided</i>	87,646	1,175,482
<i>School-Based Schools</i>	37	397
<i>Children Served by School-Based Programs</i>	1,648	11,916
<i>Supported Community Living Environments</i>	237	3,395

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DAVID THOMAS, WCMH GOVERNING BOARD MEMBER



WCMH Board Member
David Thomas

David Thomas, a WCMH board member since 1996, has seen first-hand the positive results that can be gained from mental health treatment.

According to Thomas, WCMH board members serve as advocates by providing a strong voice in the community for those who can't speak for themselves. Thomas said, "There should not be any stigma attached to mental illness. Mental illness is like appendicitis; you get it and

you can't help it. It's a medical condition."

Thomas would like to see county appropriations increased for WCMH. Georgetown and Williamsburg do contribute some county appropriations. Thomas said, "If the general population fully understood the tremendous benefit and impact of WCMH's services, there would be a push to allocate more county funds. For example, in addition to the services provided at clinics,

WCMH also provides services to jails, probate courts, schools, and more. WCMH provides mandated services to probate courts in all three counties without reimbursement. In Horry County, there were over 600 consultations during the past year. WCMH also provides services in the J. Reuben Long Detention Center in Horry County, and the Georgetown Detention Center."

"WHILE THE CULTURE IN EACH LOCATION IS DIFFERENT, WE STRIVE TO PROVIDE THE SAME LEVEL OF SERVICE TO ALL PEOPLE."

ETHEL BELLAMY, ASSISTANT EXECUTIVE DIRECTOR

Assistant Executive Director Ethel Bellamy is a Licensed Professional Counselor and Counselor Supervisor, as well as a certified CARF Surveyor. During her service with DMH, which spans more than 30 years, her roles and responsibilities have included emergency services, specialized treatment to children who have been sexually abused, and advanced therapy for adults.

She served as clinic director of the Georgetown office for many years before assuming the role of assistant executive director. Bellamy said, "While the culture in each location is different, we strive to provide the same level of service to all people."

Bellamy wears many hats. In addition to assisting the director in the daily operation of

the Center, her responsibilities include oversight of the three clinics, coordination of crisis stabilization initiatives, and more. She feels WCMH has a strong After-Hours Program.

Five of the seven hospitals in the WCMH catchment area now utilize telepsychiatry equipment.

Telepsychiatry, which is available during and after normal business hours, uses a mobile high-definition video cart with two-way audio and a remote-controlled pan/tilt/zoom enabled camera to provide a way for patients and local hospital staff to interact with a DMH psychiatrist, both verbally and visually. After the consultation, the emergency room (ER) staff and the DMH psychiatrist discuss the observations and

work together to develop a patient management plan. This results in better patient assessment, quicker initial treatment, and reduced length of stay in the ER. Telepsychiatry benefits patients and hospitals; the quality of initial patient care increases, while hospital expenses decrease.

"The telepsychiatry program is having a positive impact on our community; it is doing what it set out to do," said Bellamy. "Telepsychiatry has allowed us to keep staff on site while allowing hospitals direct access to a psychiatrist. The hospitals have found it extremely useful. Clients and their family members have given positive feedback. I would like to use it among other mental health centers, and look forward to the near



Assistant Executive Director
Ethel Bellamy

ETHEL BELLAMY, ASSISTANT EXECUTIVE DIRECTOR (CONTINUED FROM PAGE 4)

future when we will be able to provide telepsychiatry services outside the confines of emergency rooms.”

Bellamy is concerned that Horry County funding for WCMH has been discontinued and hopes this will change soon. Motivated by budget issues, WCMH is considering fundamental changes. She recently submitted a pro-

posal to restructure internally, outlining ways to maximize revenues. If implemented, it will be a big shift for the Center, but it will strengthen operations and efficiency. Tough economic times are forcing DMH staff to research new ways to expand its revenue generating capabilities to better serve its clients.

Bellamy said, “To sum it up, WCMH has very good programs. We are committed to collaborations. The success of the Center is built on relationships and operating as a ‘Center without walls’ means we are involved in the community, serving those that need to be served, while staying within our resources.”

LORI CHAPPELLE, CHILD, ADOLESCENTS, AND FAMILIES DIRECTOR

From the time she was in middle school, Lori Chappelle knew she wanted to be a therapist. Her husband’s career as a golf instructor brought her to the area, but the scope and depth of treatment available for children and families with mental illness kept her here.

She began her employment at WCMH in 2001, as a family preservation coordinator and became the Child, Adolescents, and Families (CAF) director in 2003, after demonstrating excellent leadership abilities. She supervises 48 employees, 36 of whom are school-based mental health professionals.

State Director John H. Magill has said WCMH has one of the largest and best CAF and school-based programs in the state. The WCMH school-based program currently serves approximately 2,000 children in 47 schools in three counties. School-based programs work by embedding

mental health professionals in schools to be easily accessible to children and their families in local communities. The mission of the school-based program is to identify and intervene at early points in emotional disturbances, and assist parents, teachers, and counselors in developing comprehensive strategies for resolving these disturbances. 75% of the children served by WCMH receive school-based services.

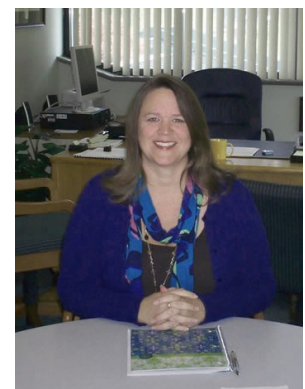
During FY11, the Center has worked to maintain school-based services without financial support from Horry County or Georgetown County Schools. The program has lost \$218,000 in funding from Georgetown Schools, and \$325,000 in funding from Horry Schools due to financial hardship in those systems. Williamsburg County continues to support school-based counselors. This school year the staff of this program has worked successfully to main-

tain services to schools without that funding. However, the Center is unable to fill any vacant positions.

In conjunction with the University of South Carolina, WCMH is honored to be part of a National Institute of Health grant, conducting a study to recognize School-based Counseling as a best practice.

“It is important to have school-based services available in the community, even if we are not able to provide all of these services or we have to provide them in a different manner. My goal is to sustain school-based services in any way I can. We are looking for new funding opportunities: grants, 501c3s, and partnerships, whatever it takes. Relationships and partnerships are critical. We must find ways to connect with others; we have to evolve, identify needs, and find ways to meet them,” said Chappelle.

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Child, Adolescents, and
Families Director
Lori Chappelle



Housing/Homeless
Program Coordinator
Jackie Brown

JACKIE BROWN, COORDINATOR OF HOUSING/HOMELESS PROGRAM

Housing/Homeless Program Coordinator Jackie Brown has been employed at WCMH for 17 years. The goal of the Housing/Homeless Program is to provide homeless psychiatric clients and their families a way to obtain safe, decent, and affordable housing. The Housing/Homeless Program operates with a Projects for Assistance in Transition (PATH) grant and includes intensive case management services.

A number of community partnerships have been developed, including:

- Porter Place, a twelve unit facility in Kingstree developed in cooperation with Waccamaw Housing Incorporated (WHI), a local 501c3 dedicated to the development of housing for the mentally ill, homeless individual.
- Meadowland, a twelve unit facility in Georgetown County, developed in cooperation with the Mental Health America of Georgetown County.
- The Shelter Plus Care grant has oversight from WHI and the Myrtle Beach Housing Authority, and uses vouchers to house approximately 38 individuals.
- Balsam Place, a 24 unit facility, provides permanent housing for dually-diagnosed

males who are homeless in Myrtle Beach.

- The Alliance Inn and Swansgate have 10 and 14 units, respectively, and are located in Myrtle Beach.

The City of Myrtle Beach has been a great partner in the development of these programs. Additionally, the Center's Toward Local Care (TLC) program has developed 40 Homeshare situations for clients, located primarily in Williamsburg County. Homeshare is a living arrangement in a community household other than with biological family members. Homes are owned or rented by the Homeshare provider. One DMH client, for whom the provider receives reimbursement for expenses, lives as a member of the household. Providers are screened, trained, and participate in monthly Homeshare provider support meetings.

Brown was instrumental in obtaining a Shelter Plus Care grant, which provides rental assistance vouchers to individuals and families who are homeless in the Center's catchment area and is participating in a ten-year collaborative plan to end homelessness in Horry County.

Brown's goal is to increase available housing opportunities for those disabled be-

cause of mental illness. When asked why mental health should be involved in housing, Brown said, "Approximately 20% of individuals with a mental illness are homeless. We are seeing increased housing needs for families and for veterans, and in Horry County there are approximately 800 children who are homeless. There is no other agency to help this group of individuals and housing plays such an important part of the recovery process."

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WILLIAM WALKER, DIRECTOR OF GEORGETOWN ALCOHOL AND DRUG COMMISSION

Many clients who receive mental health services also have a dual diagnosis of alcohol and/or drug addiction. Because WCMH and the Georgetown Alcohol and Drug (A & D) Commission have similar missions to aid in recovery, the two frequently collaborate.

According to Georgetown Alcohol and Drug Commission Director William Walker, relationships have always been positive between the two agencies. The Choppee Complex Project, a one-

stop healthcare site, was an initiative that was significantly advanced through a program called Co-Occurring State Infrastructure Grant (COSIG). Clients were seen at the Choppee Complex and through integrated services between the two agencies, many positive things occurred. Even though the COSIG grant is complete, it may be possible for Access Health to sustain Choppee Complex, further fostering the coordination of alcohol and drug, mental, and medical services

at one location.

Walker would also like to see an increase in training opportunities between the agencies and within the community, stating that both agencies need to become more visible: "A great deal of outstanding work is being done by WCMH. Mr. Chesson is doing an excellent job. We need to reveal who we each are to the community and continue to work together." Walker asks those who can to help those who cannot help themselves.



Alcohol and Drug
Commission Director
William Walker

WACCAMAW CENTER FOR MENTAL HEALTH (CONTINUED FROM PAGE 3) EXECUTIVE DIRECTOR MURRAY CHESSEON

WCMH was the third DMH mental health center in the state to implement the use of electronic medical records (EMR). Concerning housing, WCMH is instrumental in providing approximately 225 supported community living environments. "It is important to develop housing possibilities for our clients because a place to live improves the path to recovery significantly," said Chesson.

Prevention begins with child services, and close to 50% of the clients served by the WCMH are under the age of 18. According to Chesson, the WCMH has had a strong working relationship with the Horry County School District for about 20 years. Over the previous two school years, Horry County School District

partially funded 25 school-based counselor positions at \$13,000 per year, for a total of \$325,000. However, due to budget issues, Horry County Schools have discontinued this funding. Chesson expressed great concern about potential long-term problems resulting from reduced services due to this funding loss.

Chesson said, "The population served by WCMH is unique. Tourism is the largest industry in our area. Because transients are not counted in population statistics, which form the basis for funding, we receive no special funding, either from the State or locally to serve the millions of tourists who come through the area each year. In a single holiday weekend, the popula-

tion can increase by as many as 350,000 people. Their impact on the demand for crisis intervention, emergency services, and inpatient care is significant. 80% of individuals seen in local hospital emergency rooms have never been seen in our center before. Also, the area population has grown by 37%, while funding sources have decreased during the past decade."

Chesson believes increased collaboration between public and private agencies will be the key to the future success and sustainability of the WCMH.

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TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

Waccamaw Center for Mental Health

www.waccamawmentalhealth.org

Horry County Clinic

164 Waccamaw Medical Park Drive
Conway, SC 29526
(843) 347-4888

Georgetown County Clinic

525 Lafayette Circle
Georgetown, SC 29440
(843) 546-6107

Williamsburg County Clinic

501 Nelson Boulevard
Kingstree, SC 29556
(843) 354-5453

RECOVERY SPOTLIGHT – BY TIFFANY

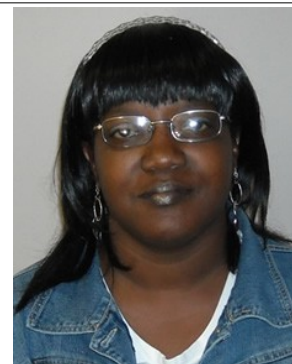
My name is Tiffany. I started having problems when I was in primary school but my mother thought I was a typical child up until I went to middle school. I couldn't concentrate and my grades got worse. It was hard for me to do the work so they put me in resource class. I was mad because I was in that class. I was also angry at myself because I couldn't learn as quick like the rest of the kids. I got picked on.

Eventually, I started getting depressed. I tried to take my life 4 or 5 times. I started drinking to ease the pain. So my mother took me to the Mental Health Center. I started seeing a doctor there. I just didn't want to live because I didn't love myself at all. I didn't like the person I

had become. I would come home from school, crying, rocking. I would lock myself in my room. I didn't want to do nothing, didn't want to go anywhere. I just wanted to stay home all the time. My mind would always tell me 'you are the ugliest child your mother has got' and I believe it stuck with me for a long time. I have also been sexually, physically, mentally and emotionally abused by people who I loved and who I thought loved me. I forgive them, but I can't forget because it still hurts me. I stayed in the hospital a couple of times. I just started losing my mind. I was also in denial. I had some family members with mental illness. My illness is Major Depression with psychotic features.

Right now I am in recovery because I take my medicine. I go to my doctor every 4 to 6 months. I go see my counselor. I am in group therapy 3 days of the week. I work hard to be in recovery.

I am achieving my goals. I got my drivers permit. I'm secretary of the Client Advocacy Council, where I am accomplishing a lot. I am the SC SHARE contact at the Mental Health Center. I have been the person of the month for about 3 or more times. I have also got my GED. It took me a little while, but I got it. I'm on the Supportive Employment Work Program. I love my work. I love the people at the Center. My life is better and I'm doing good.



I love helping the kids in my neighborhood. I want to be a counselor. It's in my heart. I even take care of my little cousin who is sick. I love her like she is my daughter. It is hard on me sometimes, but by the grace of God, I am doing it. I am very competitive. I'm doing everything I can to stay in recovery. If it was not for the Lord, and the Mental Health Center, I wouldn't be here. They taught me a lot. They help me a lot. And I thank them from the bottom of my heart.